



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*Date of Hire 2/11/85Dept. 5620Employee Name: Richard ForemanSSN 216-38-9001

- ☒ Union  
☐ Non-Union Hourly  
☐ Salaried

**VACATION:**☐ 1/2 DayDate Requested money only☐ Full Day(s)Date(s) Requested 3 wksHold until w/e 2-8-03**FLOATING HOLIDAY:**

(circle one)

Date Requested \_\_\_\_\_

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard Foreman  
 Employee Signature

Date X

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

PAYROLL  
FEB 08 2003  
WEEK ENDING

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Nathaniel Briddle 1/24/03  
 Signature Date

\_\_\_\_\_  
 Signature Date

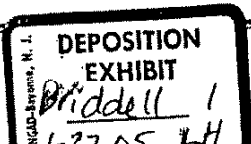
FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.



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A00137

# **MOUNTAIRE FARMS OF DELMARVA** Request for Vacation or Floating Holiday

## **SECTION 1**

To Be Completed by Employee

Date of Hire 2/11/85Dept. 5620 Live HandEmployee Name: Richard Foreman SS# 216-38-9001
☒ Union  
☐ Non-Union Hourly  
☐ Salaried

### VACATION:

☐ 1/4 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

### FLOATING HOLIDAY:

(circle one)

Date Requested Money only

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

x Richard Foreman  
Employee Signature

2/20/01  
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

## SECTION 2

To Be Completed by Human Resources

### Vacation

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_  
 (1 - 2 = 3)

### Floating Holidays

Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐

Nathanil Braddell 2/23/01  
Signature Date

SUPERINTENDENT: Approved ☐ Disapproved ☐

\_\_\_\_\_  
Signature Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**PAYROLL**

JUL 21 2001

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

**WEEK ENDING**

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

1/24/81

Dept.

5620

Employee Name:

Ray Leonard

SSH#

214-36-7208☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

money onlyCalendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Employee Signature

Ray M Leonard

Date

1/30/03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

03 FEB 3 2003

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

1/30/03**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Nathaniel Briddell 1/31/03

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00139

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

1/24/81

Dept.

5620

Employee Name:

Roy Leonard

SS#

214-36-7208☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

Money only(4 weeks)**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Roy M Leonard  
Employee Signature

Date

2/26/03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

**Floating Holidays**

Total Days Due: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

PAYROLLMAR 01 2003WEEK END

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒Disapproved ☐

Signature

Nathaniel Briddell

Date

SUPERINTENDENT:

Approved ☐Disapproved ☐

Signature

Date

FOREMAN:

Approved ☐Disapproved ☐

Signature

Date

PLANT MANAGER:

Approved ☐Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00140

## Time Off Request Form

Name Warren Purcell S.S.# 216-38-8147  
 Date of Hire 4/26/93 Department Live Hand  
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation	<input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar	<input type="checkbox"/>
		Personal/Floating Holiday - Anniversary	<input type="checkbox"/>

Day/Date(s) Requested Money only (Both) 2 Wks

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Warren Purcell 3/23/01  
 Employee's Signature Date

Nathaniel Briddell  
 SUPERVISOR'S SIGNATURE

3/23/01 ☒ APPROVED ☐ DISAPPROVED  
 DATE

FOREMAN'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
 DATE

SUPERINTENDENT'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
 DATE

PLANT MANAGER'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
 DATE

FOR OFFICE USE ONLY:	# OF DAYS DUE	<input type="text"/>
	# OF DAYS REQUESTED	<input type="text"/>
	# OF DAYS LEFT	<input type="text"/>

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

4/10/93

Dept.

5620

Employee Name:

Warren Purnell

SSN

916-38-8147☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

money only☐ Full Day(s)

Date(s) Requested

2 WKS**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Warren Purnell

Employee Signature

3/21/02

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*

02 MAR 25

VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Nathaniel Brudell

Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

## Time Off Request Form

Name Warren Purnell S.S.# 216-38-8147Date of Hire 4/26/93 Department Linehaul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE):

Vacation \_\_\_\_\_

Personal/Floating

Holiday - Calendar \_\_\_\_\_

Personal/Floating

Holiday - Anniversary ☒

Day/Date(s) Requested

Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Warren Purnell  
Employee's Signature

3/23/01  
Date

91 MAR 23 01

Nathaniel Buddell  
SUPERVISOR'S SIGNATURE

3/23/01 ☒ APPROVED ☐ DISAPPROVED  
DATE

FOREMAN'S SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

# OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

FORM 011 wjg:dm  
September 23, 1999

A00143



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

4/26/93  
1/10/95

Dept.

3620

Employee Name:

Waven Purnell

SSH

216-38-8147☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

Hold until W/E 4-5-03Money only (2 weeks)**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Employee Signature

Waven Purnell

Date

3/11/03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐Disapproved ☐

Nathanial Briskle

Signature Date

SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Date

FOREMAN: Approved ☐Disapproved ☐

Signature

Date

PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00144

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*Date of Hire 4/26/93Dept. 5120Employee Name: Warren PurnellSS# 216-38-8147

- ☐ Union  
☐ Non-Union Hourly  
☐ Salaried

**VACATION:**☐ ½ Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**Date Requested Monday only

(circle one)

Calendar

Both

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Warren PurnellDate 12/10/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*Vacation

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Floating Holidays

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Signature Wattamell Biddell Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00145

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

4/26/90

Dept.

51620

Employee Name:

Warren Purnell

SS#

216-38-8147☐ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money only

(circle one)

Anniversary

Both

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Warren P. Purnell

Date

12/10/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

**Floating Holidays**

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Nathaniel Biddell

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

4/10/95

Dept.

5620

Employee Name:

Warren Purnell

SSN

216-38-8147☐ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/4 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Money onlyCalendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Warren Purnell

Employee Signature

5/21/03

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed

**SECTION 2***To Be Completed by Human Resources*

32 SEP 25

**Vacation****Floating Holidays**

1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Nathanial Buddell

Signature

Date

3/21/03

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00147

## MOUNTAIRE

## Time Off Request Form

Name Warren Turnell S.S.# 216-38-8147  
 Date of Hire 4/26/93 04.10.95 FT Department Fire Station 56

☐ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <u>✓</u> <u>01</u>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Warren Turnell  
 Employee's Signature

1/6/01  
 Date

Nathaniel Buddell  
 SUPERVISOR'S SIGNATURE

1/6/01 ☒ APPROVED ☐ DISAPPROVED  
 DATE

\_\_\_\_\_  
 FOREMAN'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wjz:ee  
 September 23, 1999

PAYROLL  
 JAN 06 2001  
 WEEK ENDING

# MOUNTAINE Time Off Request Form

Name Ricky Sturgis S.S.# 222-36-8554  
 Date of Hire 6/30/1977 Department Landfill  
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Ricky Sturgis Date 1/23/01

Nathaniel Brudell  
 SUPERVISOR'S SIGNATURE

1/23/01 ☒ APPROVED ☐ DISAPPROVED  
 DATE

\_\_\_\_\_  
 FOREMAN'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

# MOUNTAIRE

## Time Off Request Form

Name Ricky Sturgis S.S.# 222-36-8554

Date of Hire 6/30/77 Department Live Hand

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5670

(CHECK ONE):

Vacation

☒

Personal/Floating

Holiday - Calendar

Personal/Floating

Holiday - Anniversary

Day/Date(s) Requested

money only (4 weeks)

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature

Ricky Sturgis

Date

6/30/01

21 JUL 5 01

SUPERVISOR'S SIGNATURE

Nathanial Brudell

DATE

7/4/01

☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

**PAYROLL**  
**JUL 07 2001**  
**WEEK ENDING**

FOR OFFICE USE ONLY:

# OF DAYS DUE

# OF DAYS REQUESTED

# OF DAYS LEFT



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

6/30/77

Dept.

5620

Employee Name:

Ricky Sturgis

SSH

222-36-8554☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Feb. 13, 2002

(circle one)

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Employee Signature

Ricky Sturgis

Date

**NOTE:** This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*Vacation

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Floating Holidays

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)***SUPERVISOR:** Approved ☐ Disapproved ☐Nathaniel Buddell

Signature

Date

**SUPERINTENDENT:** Approved ☐ Disapproved ☐

Signature

Date

**FOREMAN:** Approved ☐ Disapproved ☐

Signature

Date

**PLANT MANAGER:** Approved ☐ Disapproved ☐

Signature

Date

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

CD, WHITE, INFORMATIONAL, PLANT/HRM111 - Vac

A00151



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

6/30/77

Dept.

5620

Employee Name:

Ricky Sturgis

SS#

222-36-8554☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

56ks☐ Full Day(s)

Date(s) Requested

Money only (All Weeks Due)**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Ricky Sturgis

Date

6/21/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Nathaniel Buddell

Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

6/30/77

Dept.

5620

Employee Name:

Ricky Sturgis

SS#

222-36-8554☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

MARCH 20<sup>th</sup> & 21<sup>st</sup>, 2003

(circle one)

CalendarAnniversaryBoth

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Ricky Sturgis

Date

3/17/03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Nathaniel Brudell

Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

C:\Data\WPDATA\FORMS\COR\DelPlan\HI

A00153

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

7/7/80

Dept.

5620

Employee Name:

Mason Tindley

SS#

214-66-9500☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Money only

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Mason Tindley  
Employee Signature

12/20/02  
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature \_\_\_\_\_

Date

**PAYROLL**  
**DEC 21 2002**

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Nathaniel Briddell  
Signature Date 12/20/02

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

C:\Data\WPDATA\FORMS\COR\DelPh

A00154

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

7/7/80

Dept.

5620

Employee Name:

Mason Tindley

SS#

214-66-9500☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money only

(circle one)

CalendarAnniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Mason Tindley

Date

12/20/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

DEC 21 2002

Human Resources Representative's Signature

Date

DECCA HUMAN RES**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Nathaniel Briddell

Date

12/20/02

Signature

Date

FOREMAN: Approved ☐Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

**NOTE:**

PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

# MOUNTAINE Time Off Request Form

Name Mason Tindley S.S.# 214-66-9500  
 Date of Hire 7/7/80 Department Line Hand 056

☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar <input type="checkbox"/>  Personal/Floating Holiday - Anniversary <input type="checkbox"/>
--	---

Day/Date(s) Requested Money only (4 weeks)

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Mason Tindley  
 Employee's Signature

7/9/01 31 JUL 9 11  
 Date

Nathaniel Briddell  
 SUPERVISOR'S SIGNATURE

F ☐ APPROVED ☐ DISAPPROVED  
 DATE

\_\_\_\_\_  
 FOREMAN'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

**PAYROLL**  
☐ APPROVED ☐ DISAPPROVED  
**JUL 07 2001**  
**WEEK ENDING**

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

# **MOUNTAIRE FARMS OF DELMARVA** **Request for Vacation or Floating Holiday**

**SECTION 1***To Be Completed by Employee*

Date of Hire

7/7/80

Dept.

5620

Employee Name:

Mason Tindley

SS#

214-66-9500☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/4 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Money only

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Mason Tindley

Date

12/14/01

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

1) Total Days Due: \_\_\_\_\_

Total Days Due: \_\_\_\_\_

2) Days Requested: \_\_\_\_\_

Days Requested: \_\_\_\_\_

3) Days Remaining: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐Nathaniel Briddell12/14/01

Signature

Date

Signature

Date

FOREMAN: Approved ☐Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

7/7/86

Dept.

5620

Employee Name:

Mason Tindley

SS#

214-66-9500☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested

Money only (4 weeks)☐ Full Day(s)

Date(s) Requested

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Mason Tindley  
Employee Signature

Date

7/3/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*

92 JUL 3 2002

**Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Nathaniel Briddell  
Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

C:\Data\WPDATA\FORMS\COR\DelPh

A00158



## Time Off Request Form

Name Robert Wise S.S.# 150-60-6813  
 Date of Hire 2/21/2000 Department Fire Hall  
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Robert Wise 2/23/01  
 Employee's Signature Date

Nathaniel Brudell  
 SUPERVISOR'S SIGNATURE

2/23/01 ☒ APPROVED ☐ DISAPPROVED  
 DATE

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wry:dae  
 September 23, 1999

PAYROLL  
 FEB 23 2001  
 NEW



# Time Off Request Form 150-60-6813

Name Robert L. Wise S.S.# 150-66-6813Date of Hire 2-21-00 Department Lietland☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620  
5134(CHECK ONE):  
Vacation☒Personal/Floating  
Holiday - CalendarPersonal/Floating  
Holiday - AnniversaryDay/Date(s) Requested Money only 1 wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Robert L. Wise  
Employee's Signature

2/6/01  
Date

Nathaniel Briddell  
SUPERVISOR'S SIGNATURE

2/6/01 ☒ APPROVED ☐ DISAPPROVED  
DATE

FOREMAN'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
DATE

SUPERINTENDENT'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
DATE

PLANT MANAGER'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
DATE

FOR OFFICE USE ONLY:

# OF DAYS DUE

# OF DAYS REQUESTED

# OF DAYS LEFT

PAYROLL

FEB 10 2001

WEEK ENDING

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

8/2/01

Dept.

5620

Employee Name:

Fred Finney

SS#

222-64-2745☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested

1 wk☐ Full Day(s)

Date(s) Requested

money only**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Frederick Finney  
Employee Signature

8-2-02  
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_  
2) Days Requested: \_\_\_\_\_  
3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
Days Requested: \_\_\_\_\_  
Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Nathaniel Bondell  
Signature Date

\_\_\_\_\_  
Signature Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

C:\Data\WPDATA\FORMS\COR\DelPI

A00161

# MOUNTAIN Time Off Request Form

Name Wardell Foreman Jr. S.S.# 214 060-9979Date of Hire 2-27-96 Department Live haul☐ UNION☐ NON-UNION HOURLY☐ SALARIED 56.00

(CHECK ONE):

Vacation

☒Personal/Floating  
Holiday - CalendarPersonal/Floating  
Holiday - AnniversaryDay/Date(s) Requested Money only (1 week)

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Wardell Foreman Jr.Date 2/5/01

01 FEB 5 21

Supervisor's Signature Nathaniel Briddell  
SUPERVISOR'S SIGNATUREDATE 2/5/01 ☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE                      ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE                      ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE                      ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

# OF DAYS DUE

# OF DAYS REQUESTED

# OF DAYS LEFT

## Time Off Request Form

Name Wardell Foreman S.S.# 214-66-9479  
 Date of Hire 2/23/96 Department Fire/Haul  
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar <u><del>  </del></u>
	Personal/Floating Holiday - Anniversary <u>  ✓  </u>

Day/Date(s) Requested money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Wardell Foreman 3-26-01  
 Employee's Signature Date

Nathanial Bruchell  
 SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
 DATE ☒ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 FOREMAN'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE

\_\_\_\_\_  
 DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wj:dlw  
 September 23, 1999

A00163

**MOUNTAINE**  
**Time Off Request Form**

Name Wardell Foreman S.S.# 214-66-9479Date of Hire 2/23/96 Department Live Hand☐ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE):

Vacation \_\_\_\_\_

Personal/Floating

Holiday - Calendar ☒ \_\_\_\_\_

Personal/Floating

Holiday - Anniversary \_\_\_\_\_

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

X Wardell Foreman  
 Employee's Signature

Date

1/12/01

Nathaniel Buddell  
 SUPERVISOR'S SIGNATURE

DATE

1/12/01☒ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

# OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

PAYROLL

JAN 12 2001

WEEK 3-11

# Time Off Request Form

Name Anthony Jackson S.S.# 214-84-2872  
Date of Hire 4/13/97 Department Linehaul 2620

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

(CHECK ONE):  
Vacation \_\_\_\_\_

Personal/Floating  
Holiday - Calendar ✓

Personal/Floating  
Holiday - Anniversary \_\_\_\_\_

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Anthony Jackson  
Employee's Signature

1/16/01 01 JAN 17 '01  
DATE

William Braddell  
SUPERVISOR'S SIGNATURE

1/16/01 ☒ APPROVED ☐ DISAPPROVED  
DATE

FOREMAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

PAYROLL

JAN 20 2001

FOR OFFICE USE ONLY:

# OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

WEEK ENDING

## Time Off Request Form

Name Anthony Jackson S.S.# 214-84-2872Date of Hire 4/15/99 Department Line Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED

5650

(CHECK ONE):  
Vacation☒Personal/Floating  
Holiday - CalendarPersonal/Floating  
Holiday - AnniversaryDay/Date(s) Requested 7 money only 1Wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Anthony Jackson  
Employee's Signature4/4/01  
DateNathaniel Briddell  
SUPERVISOR'S SIGNATURE4/4/01 ☒ APPROVED ☐ DISAPPROVED  
DATE

FOREMAN'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
DATE

SUPERINTENDENT'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
DATE

PLANT MANAGER'S SIGNATURE

☐ APPROVED ☐ DISAPPROVED  
DATE

FOR OFFICE USE ONLY:

# OF DAYS DUE

# OF DAYS REQUESTED

# OF DAYS LEFT

PAYROLL

APR 07 2001

WEEK ENDING

31 NOV 30 41

**MOUNTAIRE FARMS OF DELMARVA****Request for Vacation or Floating Holiday****SECTION 1***To Be Completed by Employee*Date of Hire 11/9/79Dept. 5620Employee Name: Robert Jarmon SS# 218-34-3125
☒ Union  
☐ Non-Union Hourly  
☐ Salaried
**VACATION:**☐ 1/4 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money only

Calendar

(circle one)

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Robert J. Jarmon  
Employee Signature

X 11/27/01  
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

**Floating Holidays**

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Nathaniel Briddle 11/27/01  
Signature Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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0701.wpd

A00167



# **MOUNTAIRE FARMS OF DELMARVA** Request for Vacation or Floating Holiday

**SECTION 1**To Be Completed by Employee Date of Hire 11/9/79 Dept. 5620Employee Name: Robert Jarmon SS# 218-34-3125
☒ Union  
☐ Non-Union Hourly  
☐ Salaried
**VACATION:**
☐ 1/2 Day Date Requested \_\_\_\_\_  
☐ Full Day(s) Date(s) Requested \_\_\_\_\_
**FLOATING HOLIDAY:**
 Date Requested money only (circle one)  
☒ Calendar ☐ Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

 Employee Signature Robert Jarmon

 Date 1/10/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2**

To Be Completed by Human Resources

VacationFloating Holidays
 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_  
 (1 - 2 = 3)

 Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: PAYROLL

Human Resources Representative's Signature \_\_\_\_\_

Date 1/10/02**SECTION 3**

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☒ Disapproved ☐
 Signature Nathanie O. Brinkell Date \_\_\_\_\_
SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOREMAN: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00168

**MOUNTAIRE FARMS OF DELMARVA****Request for Vacation or Floating Holiday****SECTION 1***To Be Completed by Employee*

Date of Hire

4/19/01

Dept.

5620

Employee Name:

Freddie Matthews 215-58-7492☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/4 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money onlyor

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Freddie Matthews

Employee Signature

1/5/02

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

1) Total Days Due: \_\_\_\_\_

Total Days Due: \_\_\_\_\_

2) Days Requested: \_\_\_\_\_

Days Requested: \_\_\_\_\_

3) Days Remaining: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

WEEK ENDING

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

4/19/01

Dept.

5620

Employee Name:

Freddie Matthews SS# 815-58-7492

- ☐ Union  
☐ Non-Union Hourly  
☐ Salaried

**VACATION:**☐ 1/2 Day☒ Full Day(s)

Date Requested

Date(s) Requested

April 29 - May 4<sup>th</sup> 2002

Wants  
vac check  
Personal Dan  
on check he  
Receives on the  
26<sup>th</sup>

**FLOATING HOLIDAY:**

Date Requested

money only  
April 26, 2002

Calendar

(circle one)

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Freddie L. Matthews  
Employee Signature

Date

3/28/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

32 APR

**SECTION 2***To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_  
 (1 - 2 = 3)

**Floating Holidays**

Total Days Due: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

Date

Human Resources Representative's Signature

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐

Nathaniel Brudell  
Signature

Date

SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐

Signature

Date

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00170

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

4/19/01

Dept.

5620

Employee Name:

Freddie Matthews

SSN

913-58-7492☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

money onlyCalendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

X Freddie Matthews  
Employee Signature

Date

12/31/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Total Days Due: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

JAN 04 2003

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒Disapproved ☐Nathaniel Buddell

Signature

Date

1/2/03SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Date

FOREMAN: Approved ☐Disapproved ☐

Signature

Date

PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

9/1/62

Dept.

S620

Employee Name:

Sylvester Mitchell SSN 221-18-0958

☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money only

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Sylvester Mitchell

Date

1/18/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*Vacation

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Floating Holidays

Total Days Due: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

**PAYROLL****JAN 19 2002****WEEK ENDING**

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00172



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1**

To Be Completed by Employee

Date of Hire

5/9/02

Dept.

5620

Employee Name:

Mike Phillips

SS#

221-54-5452☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Money onlyCalendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Mike Phillips  
Employee Signature

Date

X 2-25-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2**

To Be Completed by Human Resources

93 FEB 23 2003

VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Total Days Due: \_\_\_\_\_

Days Requested: \_\_\_\_\_

Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**SECTION 3**

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☒ Disapproved ☐Nathaniel Biddell

Signature

Date

SUPERINTENDENT:

Approved ☐Disapproved ☐

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐

PLANT MANAGER:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00173

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1**

To Be Completed by Employee

Date of Hire

5/23/01

Dept

51620

Employee Name

Leroy Taylor

SSN

219-62-7645☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Money onlyCalendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Leroy J. Taylor

Date

+ 09/15/01

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2**

To Be Completed by Human Resources

**Vacation**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

Human Resources Representative's Signature

**SECTION 3**

To Be Completed by Employee's supervisor

SUPERVISOR: Approved ☒ Disapproved ☐

Signature

Nathaniel Buddell

Date

FOREMAN: Approved ☐ Disapproved ☐

Signature

Date

Signature

SEP 08 2001

PLANT MANAGER:

WEEK ENDING

Approved ☐ Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00174

# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

2/11/85

Dept.

5620

Employee Name:

Richard Foreman SSN 216-38-9001

- ☒ Union  
☐ Non-Union Hourly  
☐ Salaried

**VACATION:**

- ☐ 1/2 Day  
☐ Full Day(s)

Date Requested

Date(s) Requested

Money only (3 weeks)Wants checks 2/15/02**FLOATING HOLIDAY:**

Date Requested

money only

(circle one)

Calendar

Anniversary

Wants Checks on Friday 2/15

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard Foreman  
 Employee Signature

Date

2/11/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

Human Resources Representative's Signature

Date

**PAYROLL**  
**FEB 09 2002**  
**WEEK ENDING**

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐
Nathanie Briddell  
 Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1**

To Be Completed by Employee

Date of Hire

2/11/85

Dept.

5620

Employee Name:

Richard Foreman SS# 216-38-9001☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Money onlyCalendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard Foreman  
Employee Signature

Date

2/7/03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2**

To Be Completed by Human Resources

03 FEB 10

VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

PAID  
FEB 08 2003

Human Resources Representative's Signature

Date

WEEK**SECTION 3**

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Nathan Biddell 2/7/03  
Signature Date

\_\_\_\_\_  
Signature Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.